

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

C#3453174

SL#28301

62-017298

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4422

VS 300  
Rev. 4/59

1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b  
3 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VAH, ST. LOUIS, MISSOURI

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)

a. STATE MISSOURI b. COUNTY Franklin

c. CITY  
OR  
TOWN GRAY SUMMIT

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS #6 HILL DRIVE

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

CHARLES

J.

STEPHANS

## 4. DATE OF DEATH

Month Day Year  
APRIL 27, 1962

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
4/28/19

9. AGE (last birthday)  
42

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY  
Building material

11. BIRTHPLACE (City and state or country)  
KIRKWOOD, MISSOURI

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

JOHN P. STEPHANS

## 13b. MOTHER'S MAIDEN NAME

DORA K. GRANDOFF

## 14. NAME OF HUSBAND OR WIFE

OLANDA STEPHANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW 2

16. SOCIAL SECURITY NO.  
[REDACTED]

17. INFORMANT  
OLANDA STEPHANS SEE 2D

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

## INTERVAL BETWEEN ONSET AND DEATH

2 DAYS

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

4 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 4/25/62 to 4/27/62 and last saw him alive on 4/27/62  
Death occurred at 9:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

RAYMOND J. LITCHIK

(Deceased or title)

M.D.

## 22b. ADDRESS

St. Louis Mo.

## 22c. DATE SIGNED

4/27/62

23a. BURIAL, CREATION, REMOVAL (Specify)

23b. DATE  
4-30-62

23c. NAME OF CEMETERY OR CREMATORY  
Oak Hill

23d. LOCATION (City, town, or county)  
Kirkwood Mo

(State)

## 24. FUNERAL DIRECTOR

Address  
Baptist Chapel

Kirkwood Mo

25. DATE RECD. BY LOCAL REG.  
APR 30 1962

## 26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 11 1962

MAY 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Herbert J. Gou Jr.*

Licensed Embalmer No. 4800

P. O. Address:

Kirkwood 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.